



what reason. The first listing was a division into those with prognoses of quick, delayed, or indefinite recovery. That list was discarded and another, a little different, was made. That too was discarded and the third listing was of only two categories—ambulatory and non-ambulatory. By the time all this was done it was the morning of the 31st. That afternoon the non-ambulatory cases went to Australia by Red Cross Hospital Ship. If we civilian doctors had been a little brighter we might have fixed it to go with them. We did not know what was up till it was all over. Late that night the ambulatory patients, the guards, all the army personnel, sailed for Corregidor. They forgot to take their precious records.

The next day, New Years 1942, we civilians could see no point of staying around an empty hospital, so we moved to the home of friends. The Japanese were expected any moment. All United States forces had gone to Bataan or Corregidor. Only damaged bridges held back the Japanese. The next afternoon they came, just a few, half a dozen motorcycles down Dewey Boulevard, a couple of truckloads of infantry in Taft Avenue. The city had fallen. The Filipinos stopped looting each other's goods and awaited events. We Americans lay low and kept off the streets.

January 5 was the day that the Japanese came for us and interned us at Santo Tomas University. No Japanese was there to take our names, or to search us, or to ask us any questions, or to tell us what to do. There was no provision for sleeping or eating. We were on our own. The next day the Red Cross had a cup of coffee for every one, soon after they fed the indigent and the children, and by the end of the month they got their supplies into the camp and organized everything well enough to begin to feed everyone in camp. One item they had on hand was cracked wheat, tons and tons of it, originally destined for China for relief purposes. So we had cracked wheat for our morning meal every day until it was gone, more than four months. Of course it was

not so good at the end as at the beginning, in that climate, but even then, after 50 women had spent two hours and a half picking it over, we ate it readily enough, taking care only to think no weevil, and see no weevil. When that was gone we had rice for the morning meal as well as in the afternoon. Sometimes there were sweet potatoes, often bananas, generally a vegetable like egg-plant, okra, squash, turnip, string beans, or talinum, a miserable leafy vegetable. Every day there was a piece of meat or a duck egg, but by the fall of 1943 such things came only three times a week.

July first, 1942, the Japanese forced the Red Cross to quit feeding us, and the Japanese, being at a loss how to go about provisioning us, just gave us an allowance. For gas, light, water, upkeep, improvements, medical supplies and food they gave our Committee on Finance and Supply \$0.35 a day in Japanese military notes. Our committee had gate passes, and did their purchasing in the city. When inflation forced prices up 300%, the Japanese graciously increased our allowance by 23%. We got less quantity and poorer quality all the time. By the fall of 1943 we were reduced to 1600 calories a day, less than 50 grams of protein, and a sad deficiency in vitamin B and in calcium.

In the first days of the camp we doctors organized a medical service. There were nearly a dozen physicians interned, and more as collections of "enemy aliens" were made from remote points. There were plenty of nurses, and we had more volunteers for orderly posts than we could use. We got to the School of Mines ahead of the Room Assignment Committee, and made the classroom into an outpatient department, the kitchen into a laboratory, the dentists sent for their chairs and put them up among the metallurgical furnaces, and we made the big rooms at the ends of the building into wards for men and for women. One of the internees was the proprietor of a circus, and he sent out to his Filipino partners, and had his tents sent in. We pitched them on the lawn behind

We knew about the atrocities in the war prisoners' camp. We had ways of knowing. We had the world news, too, and it was not all from the pro-Japanese Manila papers, either. How that arrived is still a secret. We knew there were groups of American prisoners working in the port area, others driving captured American trucks for the Japanese. One day when I was out of camp I saw American prisoners driving captured American tanks and jeeps through the streets of Manila, for the filming of the Japanese film, "Down With the Stars and Stripes." Spanish and Filipino society girls bombarded the Americans with flowers and cigarettes; there was nearly a riot. The girls were arrested but the Japanese could not imprison the daughters of their highly placed puppets, and they let them go.

July 22, 1943 the head of our Executive Committee told me very confidentially that my name was on the list of those to be exchanged, to go to the United States in a few weeks. I was greatly surprised, and even now I am still surprised. Only 127 of us, besides 24 American consuls and their families, left the Philippines, out of nearly 5000 Americans in the islands, in all the different camps. The Swiss in Shanghai had to make up the lists and they were not allowed any access to the camps in the Philippines, unlike the situation in China. It must have been that my friends in Shanghai induced them to list me. It was over two months before we actually left.

September 26 we spent all day on the train from Manila to San Fernando and there went out in scows to board the Teia Maru, an old French boat the Japanese had commandeered. She was equipped for 300 passengers, and counting all that had boarded her in Japan and China, there were 1500 of us on board. That meant there were double-decker wooden bunks in all the public rooms and 500 men in the

hold. The ship was a firetrap and lifeboats were not provisioned, the port falls were rotten, water ran from the faucets only two hours of the twenty-four, but no one complained at all. We were perfectly happy as long as the propeller turned over. We made a call for a couple of dozen passengers at Saigon, we took on oil and water in the roads ten miles from Singapore, and then went southeastward through the Sundra straits that separate Java from Sumatra, and finally turned west. October 14 we reached Mormugao Harbour in Portuguese India.

The next day the Gripsholm arrived from New York with the 1500 Japanese for whom we were to be exchanged. In order to be sure the Japanese captain took the Red Cross freight with him, we stayed on the Teia Maru four more days, while the Gripsholm's freight was transferred, and finally, on October 20, the 1500 bedraggled, dirty, lean, and hungry Americans, Canadians, Chileans and so forth, went over onto the Gripsholm and the 1500 sleek Japanese with flossy baggage and snappy American clothing boarded their own boat. It was all right with us—we were going the right way, and we knew it; they were going the wrong way, and we thought they knew it too.

All this was a year ago. Little news has come from the Philippines since then. Things must be going on as before, with scarcer medical supplies, poorer and less food. A few cables have come through—we know the Red Cross and personal packages that went east on the Gripsholm finally reached Manila, but we don't know what another year's internment has done to the people there. In retrospect I have one regret—that I shall not be there on the last day to see the gates open—and one most poignant memory: the sea of upturned faces that longingly followed us with their eyes, as our trucks drove out of the camp that memorable dawn a year ago.



# Military News



The following list brings the Harvard Medical School graduates in the service up to 1646. The \* denotes change in rank or station. Lack of space makes it impossible for us to publish in each issue anything but the changes and the new names. The Alumni Office would appreciate additions or corrections.

1903

- \*Comdr. Frederick J. Bailey, Navy, U.S.S. Somerset, Boston, Mass.
- Capt. Joseph R. Phelps, Navy, Naval Dispensary, Univ. of Calif., Los Angeles, Calif.

1909

- Lt. Comdr. William D. Reid, Navy, Veterans Admin. Fac., Aspinwall, Pa.

1912

- \*Comdr. Whitman K. Coffin, Navy, Norfolk Navy Yard, Portsmouth, Va.

1913

- \*Capt. Irving W. Jacobs, Navy, U. S. Naval Hosp., San Diego, Calif.

1917

- \*Capt. Robert P. Parsons, Navy, U. S. Naval Hosp., Shoemaker, Calif.
- \*Capt. Walter J. Pennell, Navy, U. S. Naval Hosp., Parris Island, S. C.

1919

- Lt. Col. Joseph Boch, Army, Veterans Admin. Fac., Bronx, N. Y.

1920

- \*Major John J. Sampson, Army, Birmingham Gen. Hosp., Van Nuys, Calif.

1921

- \*Lt. Col. Tracy B. Mallory, Army, A.P.O. 570, New York, N. Y.

1922

- \*Capt. Moses Kopel, Army, A.P.O. 928, San Francisco, Calif.
- \*Major Kenneth L. MacLachlan, Army, A.P.O. 7853, New York, N. Y.
- Capt. Blackwell Markham, Army, A.P.O. 361, New York, N. Y.
- \*Lt. Col. Grantley W. Taylor, Army, A.P.O. 512, New York, N. Y.

1923

- \*Comdr. Mark L. Gerstle, Jr., Navy, Armed Forces Induction Center, Los Angeles, Calif.
- \*Comdr. George S. Miles, Navy, F.P.O., San Francisco, Calif.
- \*Col. Herbert B. Wright, Army, A.P.O. 633, New York, N. Y.

1924

- Capt. Edwin G. Graves, Navy, F.P.O., San Francisco, Calif.
- \*Col. Herman A. Lawson, Army, A.P.O. 689, New York, N. Y.
- \*Lt. Col. Morris E. Missal, Army, AAF Regional Sta. Hosp., Langley Field, Va.
- \*Col. Ashley W. Oughterson, Army, A.P.O. 502, San Francisco, Calif.
- \*Lt. Col. John W. Pennock, Army, Ashford Gen. Hosp., White Sulphur Springs, W. Va.
- Major William W. Woodruff, Army, Sta. Hosp., Ft. Lewis, Wash.

1925

- \*Lt. Col. Montgomery Blair, Jr., Army, Birmingham Gen. Hosp., Van Nuys, Calif.
- Comdr. Ralph M. Crumrine, Navy, U. S. Naval Hosp., Bainbridge, Md.
- Comdr. Ralph K. Miller, Navy, Air Sta., Cherry Point, N. C.
- Capt. Neil Millikin, Army, A.P.O. 635, New York, N. Y.
- \*Major Norman B. Murphy, Army, A.P.O. 5569, New York, N. Y.
- \*Lt. Col. Howard A. Patterson, Army, A.P.O. 464, New York, N. Y.
- \*Lt. Comdr. John G. Raymer, Navy, F.P.O., New York, N. Y.
- \*Lt. Col. Wilmot C. Townsend, Army, A.P.O. 763, New York, N. Y.

1926

- Lt. Comdr. Jefferson Larkey, Navy 15, F.P.O., San Francisco, Calif.
- \*Capt. Robert C. Peale, Army, Base Hosp., McCook, Nebr.
- \*Comdr. John McG. Porter, Navy, U. S. Naval Hosp., San Diego, Calif.
- \*Comdr. Theodore C. Pratt, Navy, U. S. Naval Hosp., Chelsea, Mass.
- \*Lt. Col. Richard P. Stetson, Army, Thayer Gen. Hosp., Nashville, Tenn.

1927

- \*Major Arthur C. Daniels, Army, Armed Forces Induction Center, Los Angeles, Calif.
- \*Comdr. James B. Graeser, Navy, Oak Knoll Naval Hosp., Oakland, Calif.
- \*Lt. Col. William G. Heeks, Army, A.P.O. 528-1, New York, N. Y.
- \*Comdr. Abraham Kaplan, Navy, F.P.O., San Francisco, Calif.
- \*Capt. Carl H. McMillan, Navy, Bureau of Med. & Surg., Washington, D. C.
- Comdr. Herbert B. Nelson, Navy
- \*Major Alfred C. Ormond, Jr., Army, A.P.O. 134, New York, N. Y.







# Harvard Medical Alumni Bulletin

Volume 16, Number 2

January, 1945

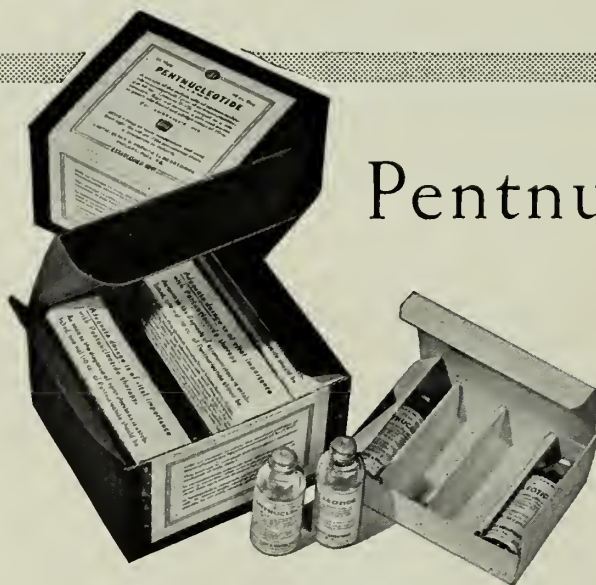
THIS BULLETIN MAY BE MAILED FIRST CLASS FOR 6 CENTS TO  
MEN WHO ARE IN MILITARY SERVICE OUTSIDE THE COUNTRY

# In Sulfonamide Leukopenias

ONE of the most serious reactions which may be encountered during sulfonamide therapy is the development of a progressive and sometimes extreme leukopenia.

It is of the utmost importance, therefore, to take repeated white blood cell and differential counts with patients who are being treated with the sulfonamides.

If the white blood count falls below 2500, or if there is a significant reduction in the percentage of polymorphonuclear leukocytes, the immediate administration of Pentnucleotide in adequate dosage (40 cc. daily in divided doses) is probably indicated.



## Pentnucleotide

A MIXTURE OF THE SODIUM SALTS OF PENTOSE  
NUCLEOTIDES FOR INTRAMUSCULAR USE



SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.

# SHOULD VITAMIN D BE GIVEN ONLY TO INFANTS?

**V**ITAMIN D has been so successful in preventing rickets during infancy that there has been little emphasis on continuing its use after the second year.

But now a careful histologic study has been made which reveals a startlingly high incidence of rickets in children 2 to 14 years old. Follis, Jackson, Eliot, and Park\* report that postmortem examination of 230 children of this age group showed the total prevalence of rickets to be 46.5%.

Rachitic changes were present as late as the fourteenth year, and the incidence was higher among children dying from acute disease than in those dying of chronic disease.

The authors conclude, "We doubt if slight degrees of rickets, such as we found in many of our children, interfere with health and development, but our studies as a whole afford reason to prolong administration of vitamin D to the age limit of our study, the fourteenth year, and especially indicate the necessity to suspect and to take the necessary measures to guard against rickets in sick children."

\*R. H. Follis, D. Jackson, M. M. Eliot, and E. A. Park: Prevalence of rickets in children between two and fourteen years of age, *Am. J. Dis. Child.* 66:1-11, July 1943.

MEAD'S Oleum Percamorphum With Other Fish-Liver Oils and Viosterol is a patent source of vitamins A and D, which is well taken by older children because it can be given in small dosage or capsule form. This ease of administration favors continued year-round use, including periods of illness.

MEAD'S Oleum Percamorphum furnishes 60,000 vitamin A units and 8,500 vitamin D units per gram. Supplied in 10- and 50-cc. bottles. 83-mg. capsules now packed in bottles of 250. Ethically marketed.

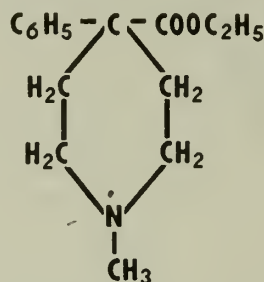
MEAD JOHNSON & COMPANY, Evansville 21, Ind., U. S. A.



# ANALGESIC SPASMOLYTIC SEDATIVE

*For Oral and Intramuscular Administration*

*THE analgesic effect appears to be between that of morphine and codeine, and it persists for from three to six hours.*



ethyl 1-methyl-4-phenyl-  
piperidine - 4 - carboxyl-  
ate hydrochloride

**Demerol hydrochloride**

Demerol has many indications in medicine, surgery and obstetrics.

Before prescribing, physicians should read carefully the booklet on Demerol hydrochloride (sent free on request). Prescriptions are subject to the regulations of the Federal Bureau of Narcotics.

Supplied for oral use, tablets of 50 mg.; for injection, ampuls of 2 cc. (100 mg.).



## Demerol

Trademark Reg. U. S. Pat. Off. & Canada

### HYDROCHLORIDE

Brand of MEPERIDINE HYDROCHLORIDE  
(Isonipecaïne)

*Winthrop Chemical Company, Inc.*

Pharmaceuticals of merit for the physician • NEW YORK 13, N. Y. • WINDSOR, ONT.





## Medical School Notes



### CHURCHILL

Col. Edward D. Churchill, John H. H. Professor of Surgery, on leave of absence, is back in this country after 23 months in the Army and 21 months on foreign service. He is Surgical Consultant to the North African and Mediterranean Theatre of Operations and in that capacity is active in the administrative as well as technical aspects of the care of combat casualties.

In his area, the performance of early surgery has been stressed as a means of reducing the mortality of massive wounds of the head, thorax, abdomen and extremities. This surgery requires competent surgeons with adequate equipment situated near the zone of combat. These field hospitals must be located with respect to triage points in such a way that casualties of an urgent classification may be dealt with immediately under conditions of adequate anesthesia, unhurried surgery and sufficient supplies of plasma and whole blood for transfusions. The use of whole blood transfusions has been stressed since the early phases of the war. The forward surgeon has become completely cognizant of the fact that nothing makes so good a replacement for whole blood loss as whole blood itself. This led to the establishment in February 1944 of a Theatre Blood Bank. By this agency blood is taken from the troops in the rear areas and sent forward to be supplied to those in combat.

As a corollary to this development of forward surgery, "reparative surgery" at hospitals also located in the Theatre has constituted a significant advance. Wounds left unsutured by the forward surgeon are closed; combined with penicillin treatment definitive surgery may be carried out with, as its objective, the early return of

wounded soldiers to duty and the prevention of that deformity and disability formerly associated with prolonged sepsis or uncorrected anatomical malposition.

Much of Col. Churchill's work and thought in this field has been published recently in the "Annals of Surgery." His comments here at home have served to fill out the picture which he gives in that publication.

Col. Churchill's presence in this country is traceable to his recall by the Surgeon General to make available his experience in a form in which it can be utilized by all other Theatres. According to a statement by Brigadier General Fred W. Rankin, Director, Surgery Division, U.S. Army, Col. Churchill "has done more than improve the quality of surgery performed in this Theatre. Uniquely equipped to perform his mission and imbued with the true scientific spirit, he early recognized the inadequacy of certain preformed concepts in the surgical management of the wounded. With this flexibility of mind and with an elastic organization, he has utilized an investigative approach and drawn upon battlefield experience to evolve more rational and effective methods in the surgical care of the wounded."

In October, 1943 Col. Churchill received the award of the Legion of Merit for his development of forward surgery. Col. Churchill was also one of four Americans to receive the degree of Doctor Honoris Causa presented by the University of Algiers on December 2, 1944.

### ANATOMY

Professor George B. Wislocki, James Stillman Professor of Comparative Anatomy, leads an active department into fields of anatomical investigation which

are as new to anatomy as the jet-propelled plane is to warfare. Not so many years ago, anatomy was thought of as a didactic subject in which there was little left for the anatomist but lecture material. It had been defined as a field in which the harvest had been taken, the gleaners had passed over, and there was nothing left for the crows but an occasional small kernel overlooked by mistake.

A visit to our Anatomy Department will soon dispel this funereal view. Anatomy is turning the corner from a description of the arrangement of cells to a description of the arrangements within cells. Just as the advent of the microscope shifted attention from the arrangement of tissues to the arrangement of cells within tissues, so now the development of new tools has again increased the intimacy of our biological acquaintance by a new order of magnitude. We have moved from cellular structure to intracellular structure.

These new devices which the anatomist uses depend upon various physical properties of matter and of tissue. They depend upon the fluorescence of certain substances, polarizing properties, the use of ultra-violet light with its short wave lengths rendering smaller objects visible, and microscopic spectrography. Micro-incineration technics are used which depend upon the appearance of cellular ash to tell the searcher where certain inorganic substances are arranged within the cell. The electron microscope brings to the anatomist a further means of investigating intracellular life. By means of specific staining reactions, the chemical nature of intracellular substances may be elucidated. The old concept of a cell as a structure with a nucleus and cytoplasm in which certain features could be descriptively discerned has given way to a concept of these structures in terms of their chemical composition and living function.

Thus we now think of the nucleus as a portion of the cell which contains large amounts of deoxyribose nucleic acid which has an affinity for basic stains, whereas

"basophilia" of the cytoplasm, when it can be shown to be subject to destruction by ribonuclease, connotes the presence of ribose nucleic acid. Substances in the cells which are fluorescent and can be stained in special ways, which are associated with birefringent fat droplets, now show themselves to be steroid hormones which are to leave the cell and exert effects elsewhere in the body. The histochemical identification of this class of hormones affords a means of studying them in the organs and tissues of animals in health and disease. Enzymes show themselves to the anatomist by their color reactions with specific substrates or by their effect on certain dyes. Anatomists are learning that enzymes are not simply intracellular, but that they occupy a finite position in the cell. For example, certain enzymes may be present at the secretory pole of the cell; others may be found at the non-secretory end. Furthermore, the effects on enzymic position and activity may be studied in relation to exposure of the organism to various physiologically active compounds such as hormones or toxins. Phosphatase, for instance, can be followed as it changes its concentration and position in response to growth or injury. Similarly, the cytochrome oxidase system can be studied in cells by application of a series of suitable dyes, and its oxidative potential can be measured.

In short, anatomy is moving from morphology to a broader application of the experimental methods of chemistry and physiology in the exploration of the functional and chemical arrangements within cells. It is a change from the concept of a cell as a static object to that of a cell as a dynamic changing structure with a specific biochemical function.

### TEACHING

However, the Anatomy Department must continue to teach the students those aspects of the field which have been known for many years, but whose importance to the clinician never dims with age. "Bobby"



Green still holds forth with three lectures a week in the Gross Anatomy Course. The arrangements pertaining to the course and to the dissection exercises are essentially unchanged in recent years. There are more clinical exercises which try to show the student that what he is learning is not just for the purposes of the book or the next examination, but instead, a basis for the practice of clinical medicine.

In addition to the time-honored Saturday morning surgical clinics, there are afternoon exercises on other days in the week in which the first year men start thinking of physical diagnosis in terms of gross anatomy. Dr. Earle Chapman of the Medical Service at the Massachusetts General Hospital has taken over the clinical aspect of these exercises. Three student volunteers are selected and they are analyzed as to body type. They are used as "guinea pigs" by the rest of the class for observation of surface anatomy, palpation, percussion and auscultation.

Dr. Derek Denny-Brown and Dr. James C. White of the Boston City Hospital and Massachusetts General Hospital respectively, continue to hold clinics in neuro-anatomy to demonstrate to the students precise anatomical diagnosis in terms of functional disturbances in the central nervous system. Dr. Marcus Singer carries on in the niche held not many years ago by Dr. David Rioch and subsequently by Dr. Robert Morison, supervising the formal instruction in neuro-anatomy.

### PERSONNEL

The problem of obtaining instructors in this field has been made acutely difficult by war conditions, as it has in so many other departments of the Medical School. It is apparently not difficult to obtain instructors in Gross Anatomy who have the training which goes with a Ph.D. degree. However, to get men whose training lies along medical or surgical lines and who can help give a clinical coloring to the laboratory work is increasingly difficult. At the present time, the Gross

Anatomy course is handled by five men plus Dr. Green. Of the five instructors three are clinically trained, whereas two had purely biological preparation.

Turning to the Histology and Embryology courses, we find that Dr. Frederic T. Lewis, whose lectures dominated, enlivened, and enlightened the course for so many years, is no longer lecturing and has retired. However, he continues his work in the department and carries forward his research of many years' standing in regards to the spatial arrangements and geometric shape of cells. Dr. Bremer, also retired, is still actively engaged in the study of congenital malformation. Dr. Bremer's well-known Textbook of Histology has been carried into its sixth edition by Dr. Harold L. Weatherford, Assistant Professor in the department.

The instruction in Histology is carried forward by Dr. Edward Dempsey, Dr. Franklin Snyder and Dr. Marcus Singer, as well as by Dr. Wislocki himself. In Embryology, Dr. Roy Greep and Miss Helen Dean are instructors. Dr. Greep holds a joint appointment from the Harvard Medical School and the Harvard School of Dental Medicine as Assistant Professor of Biology and Anatomy. Miss Dean has the honor of being the first woman member in the department. She received a Ph.D. degree from Brown University. She subsequently studied Zoology and Biology at McGill and is now an Instructor in Anatomy at Harvard. In addition to Dr. Greep, Dr. Charles M. Waldo also holds a joint appointment in the Medical School and the Harvard School of Dental Medicine. Those enrolled in the latter take the Anatomy Course with the Medical Students, study the same subjects and must pass the same examinations. Also in the embryology field is Dr. William A. Wimsatt who received his doctorate at Cornell. Dr. Wimsatt is here for two years of study before returning to Cornell. Dr. Snyder holds a joint appointment as Associate Professor between the Departments of

Anatomy and Obstetrics; besides teaching in both fields, he does research on the birth mechanism and the physiology of the newborn.

### STUDENTS

And now for the grist in the mill—the students. For the medical student the Anatomy Course has always been the opening door to his new profession and for many students the Gross Anatomy Course symbolizes their change from the life of a layman to the life of a doctor. The present-day medical student squeezed into a telescoped course by exigencies of the war impresses his anatomy professor

as eager but immature; tense and jittery; interested in investigational fields but moving too fast to stop and look them over. On the other side of the ledger, Professor Wislocki points out that the present first year class which is 86 per cent in civilian clothes is a little bit calmer, cooler, quieter, and a few of the students are somewhat older and more mature. Caught between the anvil of a quickened college career and the hammer of Army life above them, some of the students drifted into an attitude of quizzical cynicism about much that is taught them, while others are independent in a very healthy fashion, picking and choosing what they wish to learn with considerable discrimination.

---

## *The Latin American Tide*

J. H. MEANS, '11

In the eighteenth and nineteenth centuries North American doctors went, if they could afford it, to Europe for higher educational polish before entering upon practice. The first Hersey professor of the Theory and Practice of Physic, one Benjamin Waterhouse, went to Leyden. Others went to Edinburgh, London or Dublin. In the early nineteenth century James Jackson, Jr. studied with the great Louis in Paris. Then the stream turned to Vienna, and hundreds of our medical forebears flocked to that great center of medical learning. To some degree the Viennese swarming took on the aspects of a racket. Otherwise ill paid young privat dozenten made fair incomes by giving courses to American doctors. Sometimes these were very short and superficial, but a beautiful diploma was always given, which, if hung in the doctor's office at home in the States, created an atmosphere of erudition. After the first World War the number of North American doctors

seeking training in Europe greatly diminished, and now of course, except in uniform or on Government business, we cannot leave the United States at all.

Until lately Latin America has also looked to Europe for its higher medical education, especially to France, but also to Italy, Germany and Spain. The second World War has largely put a stop to this, so that now, fortunately for us, our brethren from both South and Central America and from Mexico, are coming to us in steadily increasing numbers.

In this world torn asunder by all manner of evil forces, the unifying, indeed the healing power of international friendship among scholars, is something worth cultivating. Our Professor Cannon has taken a lead in this direction. For many years he has been developing friendships with distinguished physiologists the world over. He it was in this country who early recognized the genius of Professor Bernardo Houssay of Buenos Aires, and as a result



of this, pupils of Houssay have come to us to carry on investigative work along the lines he had taught them. Houssay himself has come as well, on one occasion to give the Dunham lecture, on another in order to permit Harvard to honor itself by giving him a degree. This was at the Tercentenary in 1936. At a dinner during this celebration Houssay said that in South America there were several universities that are older than Harvard, and assured us that they "sent their love to their young sister."

Besides distinguished guests who pay us short visits, there is now the growing host of young Spanish and Portuguese speaking Americans who come to the United States to do graduate study in medicine which they can no longer get in Europe, and, as noted above, to participate in research activities of one sort or another. One may find them, I have no doubt, in most of the leading medical schools and teaching clinics throughout the country. Certainly they abound in Boston.

These men give as much as they get. At least if we are receptive they can do so. In no two parts of the world is medicine (or anything else) exactly the same. The accounts which our Latin American colleagues can give us of medical problems in their own countries cannot but broaden our own understanding. In research they have served as valued partners, and in these days when so many of our own people are in the armed forces, this new source of help is one for which to be grateful. It is entirely to our own interest to give these colleagues the best experience we can. It is a good investment so to do. If they return to their own countries liking us, and valuing the experience gained in our country, hemispherical amity will be thereby promoted, international understanding will be increased. If they return dissatisfied the reverse will be the result.

All the Latin American countries are represented among our guests. One day last summer at the Thyroid Clinic of the

Massachusetts General Hospital, we had representatives of Argentina, Brazil, Colombia, Venezuela, Peru and Chile, to say nothing of Greece, Portugal and South Africa, and in Dr. White's heart laboratory next door, could be found doctors from Uruguay, Mexico, Puerto Rico, Paraguay, Chile, Brazil and Honduras. At the Thyroid Clinic meeting we asked one doctor from each of nine countries to tell us briefly about the overall picture of thyroid disease at home, particularly how it differed from what he was seeing here. It was in fact an impromptu international goiter conference, and very profitable to those of us who, at the moment, cannot go abroad.

If the tide is to continue it must flow south as well as north. We must return the visits of our guests. A few have done so. Dr. Lewis Dexter spent the year 1940-41 with Houssay, and Drs. Paul D. White and Samuel A. Levine flew to Mexico in April, 1944, to assist at the dedicatory ceremonies of the new Instituto Nacional de Cardiologia de Mexico. It must have been a memorable occasion. Rivera did them both into a fresco, along with a number of other miscellaneous cardiological immortals. Rivera made Paul look a bit popeyed, but maybe this appearance was just the result of enthusiasm. Anyway, Paul set a fine example by reading his speech in Spanish, although I don't suppose he had previously known much about that language.

The thought I would like to leave with you is that we, all of us who possibly can, should go to the Latin American countries after the war, and we must try to learn to speak Spanish. Medical Spanish can be read easily, with the aid of a dictionary with no previous knowledge of the language, but speaking is a different matter. Still we are told that it is not a difficult language, and certainly it is a beautiful one. It is not courteous always to expect the other fellow to learn our language and make no attempt to learn his.

# *A Word from the Age that Is Past*

REGINALD FITZ, '09

Dr. Peter La Terrière, it may be recalled, was a Frenchman from the Province of Quebec who received the first medical diploma ever given by the University. He came to the Medical School from across the border by the merest chance; because in 1788 a Medical Registration Act was passed which required all Canadian practitioners to present evidence of their professional abilities in the form of an acceptable diploma to a board of medical examiners, or, lacking this, to submit to a practical examination. Peter, though claiming to have been medically trained in France, had no diploma to exhibit and therefore was compelled to take the examination—and this he failed to pass. However, Mr. Thomas Coffin of the Class of 1772 happened to meet him at the time and advised him to come to the Harvard Medical School which had just opened and there obtain the needed credentials.

Peter was then forty-one years old but still intrepid. He came to Cambridge, met Mr. Willard, enrolled in the School, spent a happy year here as a medical student, delivered a dissertation on "Puerperal Fever"—Dr. John C. Warren's copy is in the Medical School Library—before his professors and the assembled medical talents of the Commonwealth in the Philosophy Chamber of Harvard Hall, and was given an oral examination by them. He passed this with flying colors; indeed he says—an opinion to which I subscribe—that he answered, with a surprising display of wit, all the questions fired at him, and mentions particularly how he dodged the one offered by a rather pompous old gentleman who wished to know what was a sudorific and which was the most efficacious. Peter quickly replied, "A sudorific is anything that produces perspiration. The best way to make a man sweat that I know of is to make him stand up in a

place like this on a hot afternoon and answer questions!" It would be difficult to find a better answer under the circumstances.

So it happened that he became a candidate for the degree of bachelor in medicine. In his year, Commencement fell on the fifteenth of July, neither too hot nor too cool but a perfect mid-summer day, according to old Dr. Holyoke, the perennial weather expert from Salem.

In those days the Commencement exercises were held in New Meeting House which stood about where the bursar's office now is placed. It was a small square building with a pulpit at one end and with three galleries running around the sides. For the Commencement exercises a platform was erected beneath the pulpit and on it sat the Corporation, the Overseers, the professors, and the older alumni—the prototype of the platform seating now used in Sanders or in the Tercentenary Theatre. The only differences were that the President occupied the pulpit and was not flanked by the Corporation, and in front of him instead of on his right, in solitary splendor, sat the Governor in what was called the great chair. Otherwise, Commencement was comfortably like what it is now—ladies in the galleries, the Sheriff of the County of Middlesex at hand to preserve peace, a band, alumni forming in the Yard in a procession to be led by the President to the Meeting House through the open ranks of the candidates, each in cap and gown, and finally, after a variety of "parts", the awarding of degrees.

In 1788, when the first class graduated, medical degrees were awarded to its two members, John Fleet and George Holmes Hall. But great care was taken that these gentlemen did not receive any diplomas. The reason for this was plain enough: the

Medical Society, by legislative action in 1781, was the licensing body for physicians in Massachusetts. If the Society found a candidate skilled in his profession and fitted for practice, it sealed its approbation with a diploma. When the Medical School came into being, the question arose as to who was to set the stamp of approval on its graduates. The Society was charged by law with the licensing of practitioners hereabouts; yet surely a diploma in medicine from a recognized college such as Harvard should entitle its possessor to the privilege of practicing. The safest course for the University appeared to be avoidance of the issue until the School was well established; a degree could do no harm so long as there was no document to go with it.

In 1789, when the second class graduated, the same precedent was followed as it concerned Peter's classmate William Pearson. But in Peter's case the situation was different. He had no intention of settling in Massachusetts, and furthermore, he had come to the Medical School for the specific purpose of obtaining credentials to show that he had been here; besides, everyone liked him and wished to help him.

Thus it came about, apparently, that on Commencement afternoon, at the right time, he was summoned to draw near and presently President Willard said in Latin, "By virtue of authority delegated to me, I admit you to the degree of Bachelor in Medicine and deliver to you this diploma. I grant and concede to you the distinctions, rights and privileges, dignities and honors by which those anywhere in the world who are elevated to a degree of this sort are adorned or deserve to be adorned." And Peter says that he received his parchment on the spot, thus being awarded the first medical diploma ever issued to any graduate of the Harvard Medical School. His story is attractive, but its veracity is open to doubt because such a way of doing things would have been contrary to all precedent. Certainly, however, wherever

*Whereas, Mr. A. J. Warren*  
*has diligently attended our Lectures on Anatomy*  
*and Surgery, Theory and Practice of Physic, the*  
*History and Materia Medica in this University*  
*and, whereas, the Medical Professors have*  
*strictly examined him in the above branches of our*  
*Study, and have read and approved his Disserta-*  
*tion on the Intermittent Fever, We*  
*do hereby certify that we have found him so far qual-*  
*ified in his profession as to recommend him to the*  
*Reverent and Honorable the Corporation and*  
*Governers as worthy of a degree of Bachelor in*  
*Medicine.*  
*In Testimony whereof,*  
*We have hereunto subscribed our names this*  
*14<sup>th</sup> day of July (1789)*  
*University of Cambridge*  
*Wm. A. D. Waterhouse, M.D. Secy. Reg. Prof.*  
*A. M. A. D. Thos. Roy, Reg. Prof.*  
*(Cambridge) J. D. Dexter, M.D. Prof. Medica*

#### Peter's Certificate

he received it, Peter obtained the much desired document.

He soon left Cambridge, taking away with him nearly two hundred pounds of luggage, the diploma and a medical certificate signed by his three professors. The two latter items were hidden away for many years but now have come to light. I am obliged to Mr. Antoine Roy, Archivist of the Province of Quebec, for his permission to reproduce them.

The certificate is unlike anything that either Mr. Clifford Shipton of the Harvard Archives or anyone around the Medical School has ever seen. It is a nice-looking sheet signed by Drs. Warren, Waterhouse, and Dexter, and is indeed a pleasant graduation gift from the Medical Faculty to a deserving student.

The diploma is equally interesting; written in Latin, of course, and signed by the President and all the members of the





year of salvation 1789 and the 14th of the American Republic, affixed our chirographics."

From the wording of the diploma there can be no doubt on whose side Harvard sat. And of course Peter presented all this evidence of his character, industry, and skill to the Board of Examiners in Quebec as soon as he could and they at once allowed him to practice medicine to his heart's content.

So far as I know, he lived happily ever after, as was proper for the first official member of the Harvard Medical Alumni Association. The latest news that any of us around here obtained from him was in 1805 when he wrote the following letter:

Dr. Waterhouse.\*      Quebec, May 27th, 1805.  
Sir

It is with the utmost pleasure that I have heard from my best protectors and friends of Boston and Cambridge by a gentleman of that capital happening to call in my shop for some drugs. Upon inquiry that he was an American and from Boston, I invited him to sit down, adding that I had taken a Degree in the University of Cambridge and I would trouble him to be so kind as to give me some information of the respectable persons there with which I was acquainted. From one thing to another in an interesting conversation we passed one hour. I do deeply regret Mr. President Willard which he told me was dead. Dr. Warren and Dr. Dexter were doing very well, specially you as member of several branches of learning and very much distinguished in the *vacinae* method. Nothing in the world would have pleased me better than to hear so agreeable news from places and persons always so dear to my mind.

Last year something similar to the above pleasing news reached my ear by my old friend Nancré†. It has been from him that I found my good and sincere friends Mr. Sewall\*\* and Mr. Wigglesworth were no more and that Miss Cathy and Rachael Crosby deserved always the attention of their friends. Permit me for them, here, my best respects.

Some family affairs: I have two promising sons, one of 15 years, now a rhetorician in the

Colledge of Quebec, and one of 11 years under the *quinta classis* in the same, who will bring circumstances not very far, that my warm wishes of seeing you once more shall present. Be it that I should determine myself to leave the eldest at Cambridge to take a degree in philosophy and physic, having got a *brevet* of apprenticeship from me.†† He will not be taught but theoretical parts in our college which certainly will not answer so well than when this first and the experimental are joined together.

According to my system a young being may attack several branches of learning at once. Without doing any injury to his Seminary duty, I make him study the medical professional parts under my practice which, thank God is much more extended on account of a large and public apothecary shop, and from which my son has derived since two years such taste for the profession as to give me full hope of doing honour to himself and to me. My continual care in that respect will carry him on.

As you are a philosopher as well as a good father, and as I don't know the number of your family, my best respects in the first place to Madam Waterhouse and the young girl or miss of which she was mother while I was studying in Cambridge, though she may have become by this time the respectable spouse of somebody; and as much more for the encreased number if there is any.

At any time I shall think myself very happy in hearing from you and from Dr. Warren and Dexter and all other of my friends to whom it is proper to mind me.

Make my best respects to their families and yours.

I am with respect, Sir,

Your humble servant

La Terrière.

\*This letter is in the Harvard Medical School Library. It has been edited slightly; familiarity with the English language was not one of Peter's strong points.

†Joseph Nancréde, an instructor in French at Harvard with whom Peter dined each week while he was in Cambridge.

\*\*Professor Sewall, with whom Peter lodged in Cambridge. He had two nieces, mentioned in his letter. Peter grew very fond of these two ladies of uncertain age.

††This wish never came to fruition. The elder boy learned medicine under Dr. Rush in Philadelphia, and the younger under Sir Astley Cooper in England. The younger son was later elected an honorary member of the Massachusetts Medical Society.



# Shanghai Under Japanese Rule

ALBERT M. DUNLAP, '10

In Shanghai we live a day ahead of you in America, thanks to the international date line in the Pacific, so it was on Monday morning, December 8, 1941 that we shaved to the radio announcement that Japan had declared war on the United States. Then there followed a message from the American Consulate advising all Americans to remain quietly at home. At that point the broadcast, given over an American owned station, stopped, and we were left to our own imaginations. The man who gave that broadcast is the husband of a Massachusetts General Hospital graduate in nursing and is now a prisoner of the Japanese in the Ward Road jail, and sentenced to serve from four to eight years probably for no other reason than that he had been a commentator of a foreign radio station.

Some of us could not comply with the request that we remain in our homes. A number of Chinese and Russian patients were due in my office for mastoid dressings and others needed treatments, so I braved the wrath of the powers, both Japanese and our own consulate and motored to my office in the Hong Kong and Shanghai Bank Building on the Bund. It was not a good time to have an office in a foreign bank building, as I learned shortly after my arrival. When patients attempted to leave they found it impossible to do so, as a strong cordon of Japanese marines had been thrown about the entire area and no one was allowed in or out of the building.

We were compelled to remain in our offices until four in the afternoon. All day long the hallways were filled with heavy booted marines inspecting and sealing certain of the offices. In the middle of the afternoon we had our one and only visitor; a marine with full marching equip-

ment, a tin plate hung to his belt, clanked into the reception room. He seemed almost dead on his feet for want of sleep. He stared about him like one lost and finally turned without a word and stalked out. I suspect his only desire was to get away where he might find some place to sleep. A part of the Spartan training given Japanese marines and soldiers is to make them carry on far beyond the period when most men would be completely exhausted.

All medical men were allowed to keep their offices and do their usual practice without too much interference for about a year after the war started. Japanese investigators came at fairly frequent intervals to have questionnaires filled in, covering primarily the financial returns of the office and ending not infrequently with a question as to what we thought of the war. Of course the most that we could say was that we were sorry there had to be a war. Some of my friends, however, were urged to agree that Japan was in the right.

One of the first moves of the Japanese was to seize all motor cars. Doctors were allowed to keep a small car in some instances but since virtually all gasoline had been confiscated the operation of a car became a difficult matter. A certain amount of gasoline had been left in the Central Fire Station pump to be given to diplomats and doctors at the rate of two gallons a week. A special license was required of the diplomat or doctor and had to be secured every month after waiting hours in line.

Gasoline finally became so hard to get that most physicians took to bicycles, rickshas or pedicabs. A few converted their cars into charcoal burners with the result that car cylinders were spoiled within a few months. Some of the four-wheeled dual-pedal light cycle cars were most ingenious and made good speed over our flat Shanghai roads. Trams but not buses were

---

Dr. Dunlap returned from China on the *Gripsholm* last spring, after having been at St. Luke's Hospital, Shanghai, for many years.

still running and if one could get aboard in spite of the jam, could be used to supplement other means of transportation.

In ordinary times, foreign physicians practicing in Shanghai must obtain sanction from their consuls and have their credentials passed upon by the Medical Committee of the Shanghai Municipal Council. As a member of that committee for a number of years it has been my privilege to see a most variegated collection of diplomas and pseudodiplomas from all over the world. Even with representatives of most countries on the Committee, it was sometimes most difficult to evaluate credentials.

In order to practice outside a foreign concession in China, registration with the Chinese government was required. Many of us had certificates from both Peking and Shanghai. In making application for a government license it was necessary to submit a consular letter together with a photostatic copy of medical school diploma.

The gradual depreciation and final change of the currency of Shanghai has made for considerable confusion both as regards ordinary living expenses and professional fees as well. Before the China-Japanese war started in 1937, one dollar U. S. currency exchanged for about five Chinese dollars. This exchange gradually went off, until it arrived at the official rate of twenty Chinese dollars to one U. S. dollar, the present official rate in unoccupied China. After December 8, 1941 exchange in Shanghai for the American dollar became very uncertain. There was of course no official rate but a black market was very quickly established where fifty Chinese dollars could be obtained for one dollar U. S. At about that time the Japanese brought in a new controlled currency, the China Reserve Bank notes, fixed at two of the old Chinese national currency dollars to one Reserve Bank dollar. All the old Chinese currency notes were ordered exchanged for the new, and a penalty placed on anyone found hiding any of the old notes. All of us having bank accounts had our balances cut in two and the new balances set

down as Chinese Reserve Bank dollars, or as they are usually called CRB dollars. There was no official rate for the exchange of this new dollar into the American dollar, but on the black market at the time we sailed from Shanghai, September 19, 1943, \$1 U. S. equalled \$100 CRB. A short ricksha ride would cost \$5 CRB and a rainy day ride of a mile, anywhere from \$60 to \$100 CRB.

Professional fees went to fantastic figures. Office calls jumped from \$20 CRB to \$60 CRB. House visits to \$150 CRB. Operations anywhere from \$1500 CRB to \$25,000 CRB. The minimum charge for a short course of X-ray therapy was \$10,000.

Medicines were scarce and expensive. Aspirin sold at eight to ten dollars CRB a tablet, and sulfa tablets anywhere from twenty to thirty dollars CRB apiece. Fifteen tablets of atabrin cost a minimum of \$3000 CRB or \$30 U. S. I say "minimum" because the price might jump overnight. Vitamin tablets, both good and bad, were sold for higher and higher prices, since the limitation in foods, especially butter, fruits and fresh vegetables, made people feel that they should try to supplement their diets by such means.

Here, as elsewhere in the world a number of people tried to corner medicines early in 1942 and some made large profits. Of course official attempts were made to control the black market, but it is known that some of the officials so concerned were deeply involved especially in the black market in medicines.

Up to the time we left Shanghai most of the medicines sold were from stocks already in Shanghai on December 8, 1941. There was however a group of Chinese, who were earnestly trying by experimentation to make up some of the deficiencies, but it was too early to evaluate their work. The sulfa drugs as well as quinine were becoming very scarce. I suspect that though the community may be able to carry on for a time without much in the way of sulfa medication, the lack of quinine will be a serious matter. Both the

British camp in Lung Hwa and the American Camp at the Great China University Compound were having many cases of malaria last summer. A doctor from the British camp estimated that at least 40 per cent of the camp personnel would have malaria before the 1943 season was completed. The Japanese had made no attempt up to the time of our departure, to supply medicines to any of the camps in China.

At first Americans, British and other enemy nationals were compelled to register and wear red arm bands. Each band was numbered and carried an "A" for American or "B" for British. Aside from being a means of identification, no wearer of a band was permitted to enter a place of amusement. Later all able bodied members of these groups, men, women, and children, were placed gradually in camps in and about the city, with one located up the Yangtse River, to which access was obtained only by steamer.

In the Shanghai area the first Civilian Camp to be established was at Haifong Road, and was for men only. It consisted of so-called "political offenders" and included such people as heads of big business firms, heads of clubs and societies, chairmen of American and British Chambers of Commerce and similar individuals. The next camp to be established was also for men and was set up in properties in Pootung across the Whang Poo river, almost opposite the Hongkong and Shanghai Bank, on the Bund. It consisted of young unmarried men and men of all ages who had sent their families back to America before hostilities broke out. In this group were a large number of St. Johns University foreign staff, and to them is given credit for the sixty or more college courses of study which were organized.

Then followed the Yu Yuen Camp for former employees of the Shanghai Municipal Council and their families. This was the first time children were interned. The camp was located in a municipal school not

far from the center of the residential area.

Four more mixed camps were soon organized for the remaining enemy subjects. Ash Camp, on Great Western Road just west of the Country Hospital was primarily for British men, women and children. The American Camp located at the Great China University on the new Chinese military road which surrounds the foreign area of Shanghai was devoted for the most part to American citizens. The Lung Hwa Camp in a large boys' school to the south and west of Shanghai was made up of a very large group of British families and usually called therefore the British Camp. Finally the American Country Club on Great Western Road housed a limited number of American families.

A fair number of British and American sick were allowed to remain in their homes until repatriation. It is believed that since repatriation which took place last September many of the remaining sick have been interned in a special camp. Since we were of this group we remained in our own home, and for the most part, lived unmolested by the Japanese.

Food in the camps was not too plentiful and most individuals lost considerable weight. Vitamin pills were used in an attempt to try and meet deficiencies; but night blindness and beri beri were found in all the camps. In Hongkong a more serious type of blindness was making its appearance, and up to the time of the sailing of the group which joined us from the Stanley Camp, no satisfactory means had been found to combat the condition.

Something over eight thousand Americans citizens to say nothing of a somewhat larger number of other enemy nationals remain in concentration camps in the Far East. The outlook is not good, due to limitation of proper food and medication. We can speak from personal experience: each day's news is scanned with deep interest to see if there are any signs which may possibly mean the cutting short of their imprisonment.





# Military News



The following list brings the Harvard Medical School graduates in the service up to 1706. The \* denotes names not previously published. Lack of space makes it impossible for us to publish in each issue anything but the new names and the changes in rank or station. The Alumni Office would appreciate additions or corrections.

## 1911

\*Lt. Comdr. George C. Lincoln, Navy, V.A.F., Togus, Me.

## 1914

Major Joseph P. Cohen, Army, APO 658, N. Y. C.

## 1916

Major Andrew Nichols, 3rd, Army, Arsenal, Watertown, Mass.

## 1917

Col. Frank D. Adams, Army, 4th Serv. Com., Atlanta, Ga.

Col. Frank B. Berry, Army, APO 758, N. Y. C.

Col. Adrian G. Gould, Army, APO 511, N.Y.C.

## 1918

Col. Donald S. King, Army, APO 764, N. Y. C.

## 1919

Col. John Minor, Army, 3rd Serv. Com. Hq., Baltimore, Md.

## 1920

Major Frederick E. Cruff, Army, Camp Maxey, Tex.

Capt. Gilbert E. Gayler, Navy, Naval Hosp., Newport, R. I.

Lt. Comdr. Warner Ogden, Navy, FPO, San Francisco

Major John J. Sampson, Army, Baxter Gen. Hosp., Spokane, Wash.

## 1921

\*Lt. Comdr. Clarence A. Crumrine, Navy, Naval Hosp., Bainbridge, Md.

## 1922

Major Simon Albert, Army, APO 121, N. Y. C.

\*Lt. Col. Russell R. Best, Army, APO 774, N. Y. C.

Lt. Comdr. Harry I. Bixby, Navy, FPO, San Francisco

Major Moses Kopel, Army, APO 928, San Francisco

Major Kenneth L. MacLachlan, Army, APO 797, N. Y. C.

## 1923

Comdr. Franklin G. Balch, Jr., Navy, FPO, San Francisco

Lt. Col. Joseph C. Bell, Army, Percy Jones Gen. Hosp., Battle Creek, Mich.

Capt. Edward H. Cushing, Army, 3334 Volta Pl. N.W., Washington

Comdr. William P. Davis, Navy, FPO, San Francisco

\*Lt. Comdr. Thomas B. Murphy, Navy, Naval Hosp., Chelsea, Mass.

Major Arthur M. Walker, Army, APO 218, N. Y. C.

## 1924

Major William W. Woodruff, Army, APO 17021, San Francisco

## 1925

Comdr. George E. May, Navy, USN Dependents Clinic, Boston

Lt. Comdr. Raymond A. McCarty, Navy, Naval Academy, Annapolis, Md.

\*Lt. Comdr. George M. Saunders, Navy, Naval Med. Centre, Bethesda

## 1926

\*Major Ernest L. Boylen, Army, Reg. Hosp., Pasadena 2, Calif.

Lt. Col. Linn F. Cooper, Army, APO 647, N. Y. C.

\*Comdr. Abbott M. Dean, Navy, Naval Sta. Hosp., Pensacola, Fla.

Lt. Comdr. Henry R. Gilbert, Navy, FPO, N. Y. C.

Comdr. Theodore C. Pratt, Navy, Naval Hosp., Chelsea

## 1927

Lt. Henry Caradonna, Navy, FPO, San Francisco

Lt. Col. Richard Chute, Army, APO 792, N.Y.C.

\*Capt. Emory W. DeKay, Army, APO 17558, San Francisco

Lt. Comdr. Samuel H. Epstein, Navy, USPHS Hosp., Fort Worth, Tex.

Col. James E. Fish, Army, APO 957, San Francisco

Lt. Comdr. Sherman E. Golden, Navy, Parris Isl., S. C.

Capt. Howard K. Gray, Navy, FPO, San Francisco

## 1928

Major Myles P. Baker, Army, APO 565, N.Y.C.

Lt. Col. Marshall K. Bartlett, Army, APO 764, N. Y. C.

\*Lt. Comdr. James McR. Bethea, Navy, Memphis, Tenn.

Lt. Comdr. Carl V. Bisgard, Navy, FPO, San Francisco  
 Lt. Comdr. Allen G. Brailey, Navy, FPO, San Francisco  
 Capt. Frank S. Davenport, Army, APO 782, N. Y. C.  
 Lt. Col. Carl J. DePrizio, Army, Ft. Williams, Portland, Me.  
 Capt. Leo R. Desmond, Army, APO 708, San Francisco  
 Lt. Comdr. Robert A. Goodell, Navy, Lido Beach, L. I.  
 \*Major David A. Grendon, Army, APO 834, New Orleans  
 Capt. David Jacobs, Army, APO 562, N. Y. C.  
 Comdr. Patrick J. Mahoney, Navy, FPO, San Francisco.  
 Major George A. Marks, Army, Reg. Hosp., Waltham, Mass.  
 Comdr. John P. Monks, Navy, FPO, San Francisco

## 1929

Lt. Comdr. Francis S. Bascom, Navy, Pac.-Alaska Div., Pan-Amer. Airways  
 Capt. Hyman Cantor, Army, APO 421, N. Y. C.  
 Capt. Ethan T. Colton, Jr., Army, APO 887, N. Y. C.  
 \*Capt. Jackson Flanders, Army, EAPO, N. Y. C.  
 Lt. Col. Edward C. Palette, Army, AAFRS No. 1, Atlantic City, N. J.  
 Col. Arthur L. Streeter, Army, APO 149, N. Y. C.  
 Col. John H. Talbott, Army, Climatic Research Lab., Lawrence, Mass.  
 Capt. Malcolm C. Taylor, Army, Sta. Hosp., Hamilton Field, Calif.  
 Lt. Comdr. Conrad Wall, Navy, Naval Hosp., Portsmouth, N. H.  
 Major James R. Watson, Army, APO 565, San Francisco  
 Lt. Comdr. John C. White, Navy, FPO, San Francisco

## 1930

Lt. Col. Egbert M. Andrews, Army, APO 134, N. Y. C.  
 Col. Benjamin M. Banks, Army, Schick Gen. Hosp., Clinton, Ia.  
 Comdr. Allan S. Chrisman, Navy, Submarine Base, New London, Conn.  
 Comdr. Donald H. Daniels, Navy, Personnel Dept., San Bruno, Calif.  
 Lt. Col. Clifford C. Franseen, Army, APO 322, San Francisco  
 \*Lt. Comdr. James B. Gulick, Navy, N.T.C., Bainbridge, Md.  
 Lt. Comdr. Snowden C. Hall, Jr., Navy, FPO, San Francisco  
 Lt. Col. Harold H. Hamilton, Army, APO 349, N. Y. C.

Major Henry F. Howe, Army, % Port Surg., Brooklyn  
 Lt. Comdr. Evan M. Kackley, Navy, Naval Hosp., Bremerton, Wash.  
 Lt. Col. Henry N. Pratt, Army, APO, N. Y. C.  
 Lt. Col. Harold E. Pressey, Army, APO 953, San Francisco  
 Major David W. Wallwork, Army, Sta. Hosp., AAF, Homestead, Fla.  
 Capt. Edgar A. Wayburn, Army, APO 637, N. Y. C.

## 1931

Lt. Comdr. Henry J. Bakst, Navy, FPO, San Francisco  
 Capt. Vern T. Bickel, Army, APO 255, N. Y. C.  
 Capt. Francis H. Chafee, Army, APO 508, N. Y. C.  
 Lt. Col. Milton H. Clifford, Army, APO 926, San Francisco  
 Major Geoffrey W. Esty, Army, APO 872, N. Y. C.  
 Capt. Alden B. George, Army, APO 403, N. Y. C.  
 Capt. Aaron M. Gold, Army, APO 920, San Francisco  
 Major Howard W. Gourlie, Army, Quarters 299, West Point, N. Y.  
 Major George C. Owen, Army, Bruns Gen. Hosp., Santa Fe, N. M.  
 Lt. Comdr. Richard L. Pearse, Navy, FPO, San Francisco  
 Major Horace Pettit, Army, APO 433, N. Y. C.  
 \*Lt. Comdr. Jerome T. Syverton, Navy, FPO, San Francisco  
 \*Major Karl J. Thomson, Army, Bur. of Labs., Dept. of Health, N. Y. C.

## 1932

Major John C. Anglely, Army, APO 528, N.Y.C.  
 Capt. Rex S. Campbell, Army, APO 314, N.Y.C.  
 Comdr. John W. Chamberlain, Navy, NTS, Brunswick, Me.  
 Capt. Theodore D. Clark, Army, APO 758, N. Y. C.  
 Lt. Comdr. John D. Houghton, Navy, FPO, San Francisco  
 Major Frederic W. Ilfeld, Army, APO 350, N. Y. C.  
 Major Francis H. Reynolds, Army, APO 27, San Francisco  
 Capt. Charles A. Waltman, Army, APO 887, N. Y. C.

## 1933

Lt. Comdr. Frederick D. Ames, Navy, FPO, San Francisco  
 \*Lt. Andrew M. Babey, Navy, FPO, N. Y. C.  
 Major Wilfrid J. Comeau, Jr., Army, APO 316A, N. Y. C.  
 Lt. Comdr. George Crile, Jr., Navy, Naval Hosp., San Diego, Calif.



\*Lt. John J. D'Urso, Navy, NCTC, Davisville, R. I.

Majr August F. Jonas, Jr., Army, APO 927, San Francisco

Capt. Joseph S. Lichty, Army, APO 5934, N. Y. C.

Lt. Comdr. George W. Lynch, Navy, NCTC, Davisville, R. I.

Major Howard G. Nichols, Army, McCloskey Gen. Hosp., Temple, Tex.

Major Herbert S. Ripley, Jr., Army, APO 920, San Francisco

Comdr. Robert L. Thomas, Navy, Treasure Isl., San Francisco

Major John P. Trommald, Army, Madigan Gen. Hosp., Ft. Lewis, Wash.

Major Leo Walzer, Army, APO 322, San Francisco

Capt. Oliver W. Welch, Army, APO 853, Miami, Fla.

## 1934

Major Lewis N. Adams, Army, APO 942, Seattle, Wash.

Lt. Comdr. Chester B. Allen, Jr., Navy, FPO, San Francisco

Lt. Gayton S. Bailey, Army, Ft. George Wright, Wash.

Capt. Carl B. Beeman, Army, APO 380, N. Y. C.

Major Lawrence H. Beizer, Army, APO 508, N. Y. C.

Capt. George O. Bell, Army, APO 562, N. Y. C.

Capt. Donald W. Bickley, Army, APO 316A, N. Y. C.

\*Lt. Martin P. McCue, Navy, Naval Hosp., Sampson, N. Y.

Major Grant L. Otis, Army, APO 562, N. Y. C.

Capt. Clarke Staples, Army, APO 218, N. Y. C.

Lt. Col. Eugene R. Sullivan, Army, APO 464, N. Y. C.

Major Richard H. Thompson, Army, APO 713, —Unit 1, San Francisco

Lt. Frederic Tudor, Navy, Naval Hosp., Corona, Calif.

## 1935

Capt. Charles W. Caldwell, Jr., Army, APO 226, N. Y. C.

Lt. William L. Cover, Navy, FPO, San Francisco

Col. Dale G. Friend, Army, APO 17665, N.Y.C.

Major Russell B. Hanford, Army, Sta. Hosp., AA Base, Sioux City, Ia.

Lt. Col. Edward C. Holscher, Army, Lawson Gen. Hosp., Atlanta, Ga.

Capt. Richard T. Munce, Army, Lawson Gen. Hosp., Atlanta, Ga.

Lt. John W. Norcross, Navy, NTS, Shoemaker, Calif.

Capt. Owen S. Ogden, Army, Office of Surg. Gen., Washington

Major Philip F. Partington, Army, APO 230, N. Y. C.

Capt. Albert E. Rauh, Army, APO 121, N. Y. C.

Lt. Col. John C. Snyder, Army, Rockefeller Foundation, N. Y. C.

Capt. Howard P. Webb, Army, APO 488, N.Y.C.

## 1936

\*Capt. John W. Appel, 3d, Army, 1818 H St. N.W., Washington

Capt. Donald E. Cassels, Army, APO 230, N. Y. C.

Capt. Thomas E. Caulfield, Army, Reg. Hosp., Ft. Jackson, S. C.

Lt. Comdr. Francis S. Cheever, Navy, FPO, San Francisco

Capt. Palmer Congdon, Army, APO 218, N.Y.C.

Lt. Daniel B. Dorman, Army, APO 816, N.Y.C.

Lt. Col. William H. Frackelton, Army, Wm. Beaumont Gen. Hosp., El Paso, Tex.

Major Walter P. Havens, Jr., Army, Neurotropic Virus Com., New Haven, Conn.

Capt. John C. McGirr, Army, APO 17273, N. Y. C.

Capt. Hurley L. Motley, Army, Maxwell Field, Ala.

Major Bradford N. Pease, Army, APO 772, N. Y. C.

Major Edward H. Truex, Army, Deshon Gen. Hosp., Butler, Pa.

## 1937

Major Edward A. Bachhuber, Army, APO 322—Unit 1, San Francisco

Lt. Robert K. Brown, Army, Torney Gen. Hosp., Palm Springs, Calif.

Lt. (j.g.) Charles S. Bryan, Jr., Navy, Naval Hosp., Dublin, Ga.

Capt. John S. Chase, Army, APO 362, N. Y. C.

\*Lt. Justus H. Cooley, Army, Sta. Hosp., Camp Hood, Tex.

Lt. Comdr. Robert Goldstein, Navy, Naval Hosp., Bethesda

Major Robert E. Grandfield, Army, APO 637, N. Y. C.

Major David McL. Greeley, Army, APO 887, N. Y. C.

Lt. Comdr. Ralph C. Parker, Jr., Navy, Naval Hosp., Bethesda

Lt. Col. Walker Stamps, Army, APO 46, N.Y.C.

## 1938

Capt. Gardner G. Bassett, Army, Reg. Hosp., AAF, Lincoln, Neb.

Lt. Charles B. Burbank, Army, APO 339, N. Y. C.

Major Chilton Crane, Army, APO 471, San Francisco

Capt. George Crawford, Army, APO 758, N.Y.C.

Major Richard F. Davis, Army, APO 958, San Francisco

Capt. John E. Dee, Army, APO 100, N. Y. C.

Capt. Glen H. Gummess, Army, APO 534, N. Y. C.

Major David B. Jennison, Army, APO 958, San Francisco  
 Capt. Sedgwick Mead, Army, APO 764, N.Y.C.  
 Lt. William R. Schumann, Jr., Army, APO 339, N. Y. C.  
 Lt. Hugh Tatlock, Army, Sta. Hosp. No. 2, Ft. Bragg, N. C.  
 Lt. Richard H. Upjohn, Army, Mayo Gen. Hosp., Galesburg, Ill.  
 Major Wilson Weisel, Army, APO 230, N. Y. C.  
 Capt. Gideon R. Wells, Army, APO, N. Y. C.

1939

Capt. Richard G. Barker, Army, APO 465, N. Y. C.  
 \*Lt. James G. Bennett, Army, Carlisle Barracks, Pa.  
 Capt. Alexander H. Bill, Jr., Army, APO 451, N. Y. C.  
 Capt. Robert V. Cleary, Army, APO 323, San Francisco  
 Comdr. James E. Compson, Navy, Naval Disp., Mare Isl., Calif.  
 Lt. James E. Conley, Navy, FPO, N. Y. C.  
 Capt. Branch Craige, Jr., Army Dept. of Med., Univ. of Chicago, Ill.  
 Major Dan M. Crozier, Army, Carlisle Barracks, Pa.  
 \*Capt. William A. Davis, Army, APO 887, N. Y. C.  
 Lt. Comdr. Vincent P. Dole, Jr., Navy, Rockefeller Inst., N. Y. C.  
 Capt. Edward C. Dyer, Army, APO 345, N.Y.C.  
 Capt. Daniel S. Ellis, Army, APO 764, N.Y.C.  
 Capt. James C. Fisher, Army, APO 72, San Francisco

\*Capt. Jerome D. Frank, Army, APO 565, San Francisco  
 Lt. Gerald G. Greene, Navy, Naval Hosp., Jacksonville, Fla.  
 Capt. Robert S. Hormell, Army, APO 502, San Francisco  
 Lt. Homer E. Lawrence, Army, Mason Gen. Hosp., Brentwood, L. I.  
 Lt. John T. Mendenhall, Navy, Naval Air Sta., Clinton, Okla.  
 \*Lt. Fathollah K. Mostofi, Army, Carlisle Barracks, Pa.  
 Capt. Elbert T. Rulison, Jr., Army, APO 758, N. Y. C.  
 Major Laurence J. Stuppy, Army, APO 958, San Francisco  
 Lt. Comdr. John B. Truslow, Navy, 2007 Peabody St., West Hyattsville, Md.  
 Lt. John L. Wilson, Navy, Dispensary, Cherry Point, N. C.

1940

Capt. James C. Allanson, Army, APO 140, N. Y. C.  
 Lt. Comdr. Julius W. Bell, Navy, FPO, San Francisco  
 \*Lt. Edward W. Boone, Army, Camp Polk, La.

Lt. (j.g.) Robert H. Bradley, Jr., Navy, FPO, N. Y. C.

\*Lt. Addison G. Brenizer, Jr., Army, Brook Gen. Hosp., Houston, Tex.  
 Lt. Comdr. Richard P. Caddick, Navy, Air Sta., St. Simons Isl., Ga.  
 Lt. Samuel E. Elmore, Jr., Navy, La. Poly. Inst., Ruston, La.  
 Capt. Francis T. Gephart, Army, APO 709, San Francisco  
 Lt. Charles H. Goodsell, Army, APO 314, N. Y. C.  
 Capt. Norman E. Goulder, Army, Shaw Field, S. C.  
 \*Capt. John B. Hickam, Army, APO 556, N. Y. C.  
 Major William F. Hickey, Jr., Army, APO 426, N. Y. C.  
 \*Lt. John W. Meigs, Army, Surgeon General's Office, Washington

Capt. Allan S. Mirken, Army, P. M., San Francisco  
 Lt. Thomas M. Monagan, Navy, Pinecrest Hotel, Norfolk 3, Va.  
 Lt. Edward J. Palmer, Navy, Boston 24, Mass.  
 Capt. Arnold Porter, Army, APO 741, N. Y. C.  
 Lt. Avon C. Remington, Jr., Army, AAF Hosp., Ft. Thomas, Ky.  
 Lt. Stewart P. Seigle, Navy, Naval Hosp., St. Albans, L. I.  
 Capt. Charles W. Sorenson, Army, APO 920—Unit 1, San Francisco  
 Lt. Donald N. Sweeney, Jr., Army, APO 204, N. Y. C.

1941

Lt. Edgar A. Bering, Jr., Navy, 25 Shattuck St., Boston 15  
 Capt. Robert J. Bloor, Army, Halloran Gen. Hosp., Staten Isl., N. Y.  
 Capt. Craig W. Borden, Army, Kelly Field, Tex.  
 \*Lt. John J. Byrne, Army, Ft. Snelling, Minn.  
 Major Franklin Carter, 3d, Army, APO 629, N. Y. C.  
 \*Lt. William W. Daniel, Army  
 Lt. Joseph M. Foley, Navy, Dispensary, Ocean-side, Calif.  
 Capt. John Godfrey, Army, APO 152, N. Y. C.  
 Capt. Norman J. Kelman, Army, Camp Shelby, Miss.  
 Lt. (j.g.) Karl A. Lofgren, Navy, Marine Div., APO, San Francisco  
 Major Carl T. Nelson, Army, Ft. McPherson, Ga.  
 \*Lt. Thomas S. Risley, Army, Vet. Adm., Hines, Ill.  
 Lt. Joseph Rogers, Navy, Naval Hosp., Chelsea, Mass.  
 Lt. John G. Sholl, 3d, Army, APO 470, N. Y. C.  
 Capt. Lyman O. Warren, Jr., Army, APO 503, N. Y. C.  
 Capt. John C. Wiggins, Jr., Army, APO 339, N. Y. C.

## 1942

Capt. Stanley August, Army, APO 45, N. Y. C.  
 Lt. Charles Averill, Army, AAB, Dalhart, Tex.  
 Lt. William B. Ayers, Navy, FPO, San Francisco  
 Capt. Francis W. Bradbury, Army, APO 447, N. Y. C.  
 Lt. (j.g.) Paul W. Bransford, Navy, FPO, San Francisco  
 Lt. Peter H. Dillard, Army, Sta. Hosp. No. 1, Ft. Bragg, N. C.  
 Lt. Robert W. Gage, Navy, FPO, N. Y. C.  
 Lt. Richard W. Greene, Army, APO 134, N. Y. C.  
 \*Lt. John W. Kirklin, Army, O'Reilly Gen. Hosp., Springfield, Mo.  
 Capt. James E. Kreisle, Army, APO 339, N.Y.C.  
 Capt. William V. McDermott, Jr., Army, APO 403, N. Y. C.  
 Capt. Daniel E. O'Reilly, Army, O'Reilly Gen. Hosp., Springfield, Mo.  
 Capt. Melvin P. Osborne, Army, APO 655, N. Y. C.  
 Capt. Joseph F. Patterson, Jr., Army, APO 958, San Francisco  
 Capt. Ernest Sachs, Jr., Army, APO 230, N.Y.C.  
 \*Lt. (j.g.) Richard H. Stanton, Navy, FPO, San Francisco  
 Lt. (j.g.) James H. Strauch, Navy, Naval Hosp., St. Albans, N. Y.  
 Lt. (j.g.) Leslie R. Webb, Jr., Navy, FPO, N. Y. C.  
 Capt. Laurence G. Wesson, Jr., Army, APO 403, N. Y. C.  
 Lt. (j.g.) Eugene A. White, Navy, FPO, San Francisco

## 1943 (March)

Lt. Henry F. Allen, Army, APO 655, N. Y. C.  
 Lt. Thomas D. Allison, Army, APO 451, N.Y.C.  
 \*Lt. Robin G. Anderson, Army, Carlisle Barracks, Pa.  
 Capt. Rafe Banks, Jr., Army, APO 17404, N. Y. C.  
 Lt. Morgan Berthrong, Army, APO 78, N. Y. C.  
 Lt. Robinson LeR. Bidwell, Army, Lawson Gen. Hosp., Atlanta, Ga.  
 Lt. Harrie W. Bird, Jr., Army, Schick Gen. Hosp., Clinton, Ia.  
 Lt. Frederick H. Brandenburg, Army, APO 95, N. Y. C.  
 Lt. (j.g.) Frederic B. Breed, Navy, FPO, N.Y.C.  
 \*Lt. (j.g.) John R. Bryan, Navy, FPO, San Francisco  
 Lt. George H. Carter, Army, Baker Gen Hosp., Martinsburg, W. Va.  
 Lt. (j.g.) John W. Cederquist, Navy, NAS, Pensacola, Fla.  
 Lt. John W. Clark, Army, APO 514B, N. Y. C.  
 Lt. Ernest Craigie, Army, APO 339, N. Y. C.  
 \*Lt. (j.g.) Samuel H. Davidson, Navy, FPO, N. Y. C.

\*Lt. (j.g.) Ben Eiseman, Navy, FPO, N. Y. C.  
 Lt. (j.g.) Harold E. Elrick, Navy, FPO, N. Y. C.  
 Lt. Joseph D. Enterline, Army, Carlisle Barracks, Pa.  
 \*Lt. (j.g.) James A. Fitzgerald, Navy, FPO, San Francisco  
 Lt. Allan L. Friedlich, Jr., Army, APO 4160, N. Y. C.  
 \*Lt. (j.g.) Rowland D. Goodman, Navy, FPO, N. Y. C.  
 \*Lt. Calvin M. Gordon, Army, Carlisle Barracks, Pa.  
 Lt. (j.g.) Arthur J. Graves, Navy, FPO, San Francisco  
 Lt. Robert D. Griesemer, Army, APO 94, N. Y. C.  
 \*Lt. Arthur C. Guyton, Army, Camp Detrick, Frederick, Md.  
 \*Lt. (j.g.) George E. Hale, Navy, FPO, N. Y. C.  
 \*Lt. Bruce A. Harris, Jr., Army, APO 314, N. Y. C.  
 \*Lt. (j.g.) Leon E. Harris, Navy, FPO, N. Y. C.  
 Lt. (j.g.) George T. Hoffmann, Navy, FPO, San Francisco  
 Lt. Robert B. Holden, Army, Ft. Benning, Ga.  
 Lt. Joseph P. Holihan, Army, Reg. Hosp., Ft. Ord, Calif.  
 Lt. Samuel G. Holmes, Army, APO 649, N.Y.C.  
 Lt. James H. Jackson, Army, Army & Navy Gen. Hosp., Hot Springs, Ark.  
 Lt. Donald E. McLean, Army, Carlisle Barracks, Pa.  
 Lt. Roger W. Morrison, Army, APO 17321, N. Y. C.  
 \*Lt. (j.g.) Frederick G. Peckham, Navy, FPO, San Francisco  
 Lt. (j.g.) Paul H. Pfeiffer, Navy, FPO, N. Y. C.  
 Lt. Calvin H. Plimpton, Army, Camp Pickett, Va.  
 Lt. Dane G. Prugh, Army, Stark Gen. Hosp., Charleston, S. C.  
 Lt. Edward P. Richardson, Jr., Army, Harmon Gen. Hosp., Longview, Tex.  
 Lt. (j.g.) Douglas H. Robinson, Navy, F.P.O. N. Y. C.  
 Lt. (j.g.) Benson B. Roe, Navy, FPO, N. Y. C.  
 Lt. Royal S. Schaaf, Army, Ft. Lewis, Wash.  
 Lt. (j.g.) Cornelius J. Shea, Navy, FPO, San Francisco  
 \*Lt. Alec Skolnick, Army, McCloskey Gen. Hosp., Temple, Tex.  
 Lt. Robert P. Smith, Army, APO 112, N. Y. C.  
 \*Lt. David S. Speer, Army, Carlisle Barracks, Pa.  
 \*Lt. (j.g.) Charles M. Storey, Jr., Navy, FPO, N. Y. C.  
 \*Capt. Kenneth S. Tanner, Jr., Army, APO 339, N. Y. C.  
 Lt. (j.g.) George H. Tarr, Jr., Navy, FPO, San Francisco



Lt. James A. Taylor, Army, Camp San Luis Obispo, Calif.

Lt. John C. Trakas, Army, APO 259, N. Y. C.

Lt. (j.g.) DeWitt S. True, Navy, F.O.T.C., San Diego, Calif.

\*Lt. (j.g.) James F. Ward, Navy, FPO, San Francisco

\*Lt. Houston J. Zinn, Army, APO 562, N. Y. C.

1943 (December)

\*Lt. McLemore Bouchelle, Army, Camp Bowie, Tex.

\*Lt. Thomson R. Bryant, Jr., Army, Carlisle Barracks, Pa.

\*Lt. Lytt I. Gardner, Army, Cushing Gen. Hosp., Framingham, Mass.

\*Lt. (j.g.) Fenimore T. Johnson, Navy, FPO, N. Y. C.

Lt. Stephen L. Madey, Army, Cushing Gen. Hosp., Framingham, Mass.

\*Lt. Mark S. Wellington, Army, Vet. Adm. Hosp., Fayetteville, N. C.

U. S. P. H. S.

Assistant Surg. Harold S. Barrett, '41, Anderson County Health Dept., Clinton, Tenn.

\*Assistant Surg. Glidden L. Brooks, '37, 2827 Garland, Muskogee, Okla.

\*Surgeon Albert H. Bryan, '31, U.S.P.H.S., Bethesda, Md.

\*Surgeon Travis P. Burroughs, '25, Dist. No. 1, U.S.P.H.S., 15 Pine St., N. Y. C.

\*Assistant Surg. Carleton B. Chapman, '41, Balkan Mission of UNRRA, overseas

Passed Asst. Surg. George W. Comstock, '41, FPO, N. Y. C.

Passed Asst. Surg. Bernard D. Davis, '40, U.S.P.H.S., Washington

Surgeon Burnet M. Davis, '37, U.S.P.H.S., Bethesda, Md.

Surgeon Thomas R. Dawber, '37, U. S. Marine Hosp., Brighton, Mass.

\*Surgeon Ralph E. Durkee, '36, Jr., U.S.P.H.S. Hosp., Sheepshead Bay, N. Y.

\*Surgeon Stanton Garfield, '22, APO 512, N. Y. C.

Passed Asst. Surg. Robert S. Grier, '41, FPO, N. Y. C.

\*Surgeon James W. Hawkins, '35, FPO, San Francisco

Assistant Surg. Andrew J. McQueeney, '40, Balkan Mission of UNRRA, overseas

Assistant Surg. Albert I. Mendeloff, '42, Balkan Mission of UNRRA, Washington, D. C.

Surgeon Waldron M. Sennott, '37, U. S. Marine Hosp., Stapleton, N. Y.

Senior Surg. Lawrence H. Sophian, '25, Marine Hosp., Staten Isl., N. Y.

\*Passed Asst. Surg. Herbert Tabor, '41, U.S.P.H.S., Bethesda, Md.

\*Surgeon Leslie B. White, '24

## Decorations and Citations

Major Merrill Moore, former Associate in Psychiatry at the Harvard Medical School and the Boston City Hospital, has been awarded the Bronze Star Medal by Major General O. W. Griswold, Commanding General of the Fourteenth Army Corps. This award made by direction of the President, reads: "For meritorious achievement in connection with military operations against the enemy in the South West Pacific."

In recommending Major Moore for this citation, his Commanding Officer said specifically: "Your service at this base has been of the greatest benefit to the government and to our war effort. Facing an immense problem, in your energetic and ingenious manner, you rapidly reduced the obstacle of psychoneurosis and related disorders in this area. As the only psychiatrist, at that time, you immediately set about your assigned tasks with complete disregard for personal comfort and safety in your effort to solve existing difficulties. In addition to your regular hospital duties you devoted your personal leisure to consultations and lectures to all unit officers in this organization, often flying long distances to do so, so that they could understand and properly assist soldiers with emotional disturbances.

"Of the large number of cases called to your attention by line officers or referred to you for diagnosis and treatment, by medical officers, a remarkably high percentage was returned promptly to effective duty and the majority of the remainder was returned shortly thereafter. In doing this you were always efficient, sympathetic, reasonable and constructive.

"Your performance of duty has been exceptionally meritorious. You have been a decided influence on the morale of our forces and an inspiration to the men with whom you have worked. You have strengthened cooperation and you have es-

established confidence among officers and enlisted men as to the effectiveness of preventive psychiatry in the field as well as the value of mental hygiene for combat troops. Your actions contributed materially to the success of our combat operations."

\* \* \*

Award of the United States of America Typhus Commission Medal to four members of the Commission, one of whom was Capt. Edward H. Cushing, '23, was recently announced by the War Department as follows:

"To Capt. Edward Harvey Cushing, Medical Corps, United States Naval Reserve:

"For meritorious service in connection with the work of the United States of America Typhus Commission. On Captain Cushing, the first executive officer of the commission, fell the responsibilities of administering and directing the work of the commission in the early months of 1943, when the director was invalided as a result of illness. To the contribution which Captain Cushing had made to the planning of the first overseas expedition of the United States of America Typhus Commission he added personal service of high order in his forceful and tactful administration of the activities of the commission during a difficult period at its first station in the Middle East."

\* \* \*

The Legion of Merit medal was recently awarded to Lt. John E. Stewart, '41, formerly of Juneau, Alaska. The citation reads:

"For exceptionally meritorious conduct in the performance of outstanding services to the government of the United States as a medical officer during action against enemy Japanese forces on Tarawa atoll, Gilbert Islands, Nov. 20, 1943. Although hampered by heavy enemy antiboat gun, machine gun and sniper fire, at extreme risk of his own life, he made his way to the wounded men and administered aid to them and displayed marked ingenuity in utilizing rubber boats to convoy the

wounded men through the surf. On November 22 he volunteered to take six corpsmen to an area of heavy fighting, and under heavy enemy machine gun fire he maintained an aid station under extremely difficult and dangerous conditions. Through his resourcefulness in the use of an amphibian tractor for the evacuation of wounded, and through his courage, endurance and devotion to duty, many lives were saved that might otherwise have been lost. His conduct throughout was in keeping with the highest traditions of the naval services."

\* \* \*

The following Commendation and Citation were received by Capt. Glen H. Gummess, '38:

Headquarters Fifth Army Commendation:

"To all whom it may concern, Glen H. Gummess is hereby commended for outstanding performance of duty.

"Glen H. Gummess, Captain, Medical Corps, United States Army. On 7, February 1944, near Anzio, Italy, during heavy enemy air raids, Captain Gummess rendered first aid and shock treatment to the wounded to save several lives. On 29, March, although wounded by anti-personnel bombs, he voluntarily continued the performance of his duties as surgeon. His courage in the face of enemy action and devotion to duty reflect the high traditions of the Medical Corps. Entered military service from Los Angeles, California.

(Signed) General Mark W. Clark."

\* \* \*

The following citation was received by Lt. William L. Cover, '35:

"United States Pacific Fleet, Flagship of the Commander-in-Chief.

The Commander in Chief, United States Pacific Fleet, takes pleasure in commending Lieutenant William Llewellyn Cover (MC), United States Naval Reserve, for service as set forth in the following citation:

"For meritorious service as a Beach Party Medical Officer during the invasion of



Saipan Island on 15 June 1944. Under heavy mortar fire he administered to the wounded and arranged for their quick evacuation. His skill in treating numerous casualties while under heavy enemy mortar and artillery fire, without regard for his own safety, was in keeping with the highest traditions of the naval service."

(Signed)

C. W. Nimitz, Admiral, U. S. Navy."

The following are copies of the citations which accompanied the awards of merit presented to Major Champ Lyons, '31, and Lt. Irad B. Hardy, Jr., '38, as published by *The MGH News* in December:

"Champ Lyons, M.C., AFHQ, Medical Section (U. S.): for exceptionally meritorious conduct in the performance of outstanding services from 4 January 1944 to 1 July 1944. Major Lyons initiated and guided the methods by which the new and potent agent penicillin has been utilized in the treatment of the seriously wounded. From the most forward mobile hospitals of Italy to the large general hospitals of the Interior, he has personally operated upon and studied the treatment of the wounded, instructing his seniors and subordinates alike in a change of surgical procedures that is productive of better results. Lives and limbs of soldiers have been saved and the disability and deformity of wounds materially reduced. His professional judgment, combining a basic knowledge of the science of bacteriology with skill and experience in practical surgery, has cast new light on the age old problem of wound surgery. At no time has he spared himself mentally or physically, and the example he has set is an inspiration to all surgeons in the service."

The medal was pinned on Lt. Hardy by Colonel Louis G. DeHaven, following which the doctor took the salute of the division's entire artillery component, which paraded past him headed by the division band. Accompanying the medal was the following citation signed by Admiral Chester W. Nimitz:

"For extraordinary heroism while serving against enemy Japanese forces on Kwajalein atoll, Marshall Islands, on January 31, 1944. During the early stages of the battle, three LVT's (amphibious tractors) carrying him and 40 Marines capsize on a reef. He, although narrowly escaping death himself, repeatedly swam through the surf, pulling injured and dazed men to a channel marker. After all but seven of the men had reached this point of comparative safety, he, at the risk of his own life, dauntlessly set out over treacherous, submerged reefs for a grounded LCI (Landing Craft Infantry), which was approximately 200 yards away. He obtained a line from the LCI and courageously brought it back to the men precariously stranded on the marker. He then, although exhausted, directed and assisted the injured men to safety aboard the LCI. By his great personal valor, aggressive leadership, and fearless devotion to duty, he saved many lives. His conduct throughout was in keeping with the highest traditions of the naval service."



LT. PAUL D. GIDDINGS, '35

Lt. Paul D. Giddings, '35, received the following citation:

"For meritorious achievement in action against the enemy on Saipan Island from June 17 to July 9, 1944, as Chief of Surgery

of a Medical Company, serving under extremely adverse conditions, and over exceptionally long periods of time he was often under fire from the enemy. Lt. Giddings worked conscientiously and unselfishly in the care of the wounded. His achievements were instrumental in saving the lives of many men. His conduct throughout was in keeping with the highest traditions of the United States Naval Service."

\* \* \*

Major Edward Harding, '16 was recently commended by Lieutenant General Mark W. Clark for outstanding performance of duty. "From 23 to 29 January 1944 at Anzio, Italy, Major Harding exhibited conspicuous coolness under bombing, shell fire and falling flak by continuing to perform his duties of administering treatment to the wounded. His selfless devotion to duty aided in the saving of lives, and his performance reflects the high tradition of the Medical Corps of the United States Army."

\* \* \*

Y-Force Operations Staff, Southwestern China, has sent a press release to the *Harvard Alumni Bulletin* on Major Francis F. Cary, '38, who is serving as a medical officer for a liaison group of Y-Force, attached to a Chinese division in the field. The release dated October 24 says: "Major Cary crossed the Salween River as medical officer for a Y-Force team, and for the past two months has been caring for sick and wounded Chinese soldiers, sometimes under Jap artillery fire. He also takes care of Chinese civilians in the combat sector when time and medical facilities permit, and is responsible for the health of the Y-Force men of the team. For his service in this field, Major Cary is entitled to wear a bronze star on his Asiatic campaign ribbon."

\* \* \*

Capt. Richard Ford, '40, commanding

officer of a portable surgical hospital on New Guinea has received the Presidential Award of the Legion of Merit for service in New Guinea from November 1, 1942, to April 1, 1943.

The citation accompanying his award said: "Serving as supply officer and as member of a surgical team of a portable surgical hospital during the Buna operations, he rendered exceptional services in saving the lives of many front-line troops. He contributed outstanding surgery when his surgical team functioned within range of enemy small-arms fire for a period of 32 days, and within thirty yards of enemy lines for a period of ten days. His extraordinary fidelity and unusual efficiency were of great value to the welfare of our troops."



CAPT. JOSEPH E. WARREN, '38, being decorated by General Brereton in Holland for his gallantry in heavy action.

## ASSOCIATION OFFICERS

WALTER W. PALMER, *President*  
 REGINALD FITZ, *Vice-president*  
 CLARK W. HEATH, *Secretary*  
 FRANC D. INGRAHAM, *Treasurer*

## COUNCILLORS

J. C. Aub	F. M. Ingersoll
J. D. Barney	R. M. Lord
G. A. Donaldson	J. H. Means
J. Homans	J. P. O'Hare
W. Richardson	

## EDITOR

Clark W. Heath

## ASSISTANT EDITOR

Francis D. Moore

## EDITORIAL BOARD

Joseph Garland  
 Robert N. Nye Wyman Richardson  
 Mrs. K. B. Wilson, *Executive Secretary*  
 Harvard Medical School  
 Boston, Mass.

## PROPOSED NEW SEAL

At the Harvard Tercentenary celebration in 1936 a host of banners, designed by the late Pierre la Rose, were displayed in the Yard. Those which signified the various departments of the University bore what may be called in brief "a chief of Harvard," that is, the upper portion of the design was occupied by the Harvard arms: a red field with three open white books, bearing together the word VERITAS. It happens that the beautiful seal used for years by the Medical Alumni Association bears a "chief of Harvard"; in fact, it would serve appropriately to indicate the Harvard Medical School.

This situation called for a new seal for the Association, and a design satisfactory to the University Committee on Seals, Arms and Diplomas has been suggested. Retaining all that was possible of the old seal, the shield itself has been redesigned. The principal feature is the Aesculapian symbol, the serpent coiled round a budding staff which was on the old seal. The three books from the Harvard arms, but without the word VERITAS, also appear. The serpent is the symbol of wisdom, the budding staff the symbol of increasing knowledge, and the books may well stand for learning. The Aesculapian symbol is neo-classical, being seen in the hands of representations of Aesculapius, whose principal temple of healing was on the island of Cos, where this species of yellow serpent is still to be found. Confusion of this medical symbol with the caduceus of Mercury is common, and in fact the caduceus—a slender staff topped with a pair of wings and entwined by two serpents, has been adopted as the symbol of the United States Army Medical Corps. A number of years ago, when the American Medical Association was about to adopt a badge, to be used on cars and elsewhere, this matter was threshed out, with some little acrimony, in the *Journal of the A. M. A.*, and the Aesculapian symbol was finally adopted. The wisdom of this choice is seen in the remark of one of Boston's finest: "Arrh, these doctors' signs! I don't pay no attintion to 'em unless they have a shnake and a shtick on 'em!"

HAROLD BOWDITCH, '09.



OLD SEAL



PROPOSED SEAL



---

## Book Review

---

FAMILIAL SUSCEPTIBILITY TO TUBERCULOSIS  
by Ruth Rice Puffer, Dr.P.H. 102 pages,  
Cambridge: Harvard University Press,  
1944. \$2.00

The remarkable decline in tuberculosis death rates in the United States and in Europe during the Twentieth Century should not be considered as an indication that tuberculosis is no longer one of the major health problems. In Latin American and in tropical countries all over the world, tuberculosis is so prevalent and so severe as to be second only to malaria as a public health hazard. Even in the United States it constitutes the greatest single cause of death between the ages of 15 and 35; it is one of the first three causes of death at ages 15 to 49; in other words it affects our population in its most productive years. There is much evidence, furthermore, that a recrudescence of tuberculosis will follow in the wake of the War. Contrary to a belief too generally held, much remains to be learned, not only toward the development of adequate prophylactic and therapeutic measures, but also with regard to understanding the epidemiology and pathogenesis of the disease. It is gratifying therefore, to find in Dr. Puffer's monograph a most valuable addition to our knowledge of the natural history of tuberculosis.

Before the bacteriological era, study of the causation of tuberculosis was chiefly if not solely concerned with the factors which affect the susceptibility of the patient. Following the discovery of the tubercle bacillus, the idea of infection came to dominate the field and the problems of epidemiology and pathogenesis were analyzed almost exclusively in terms of exposure to the etiological agent, with the result that the hereditary and environmental factors which condition the disease were neglected. Dr. Puffer's monograph is encouraging evidence that the pendulum is now swinging back, and that we are returning to a more balanced appreciation of the multiplicity of factors which condition the establishment of the tuberculous state. Thus, studies of the occurrence and manifestations of tuberculosis in monozygotic and dizygotic twins have revealed that, in human beings,

genetic factors markedly influence resistance to the disease. Direct evidence of the existence of these genetic factors has also been obtained by the selective breeding of susceptible and resistant lines of experimental animals. Controlled inoculation of animals so selected is supplying material for an evaluation of the comparative importance of exposure to infection, and of host susceptibility, in the establishment of the tuberculous state.

A searching analysis of the epidemiological and statistical data of the Williamson County Tuberculosis Study has yielded illuminating information concerning the significance of two factors—familial susceptibility and exposure to tubercle bacilli—in the development of tuberculosis in the general population. Siblings, consorts, parents, and children of persons with tuberculosis were shown to be at greater risk of developing the disease as a result of a given exposure, than individuals from less susceptible families, thus, illustrating the importance of the genetic factor in human population. On the other hand, the risk was greatest for susceptible persons with unusual exposure to tubercle bacilli. In other words, development of the disease in an individual depends both on familial susceptibility and on amount of exposure of infection.

There is no need to emphasize the practical importance of this realization of the role played by familial susceptibility for the formulation of an adequate tuberculosis control program. From a more general point of view, this knowledge may lead also to a more accurate statement of some epidemiological problems especially if, as Dr. Puffer suggests, part of the decline in the tuberculosis death rates is due to a reduction in the number and size of susceptible families in the general population.

During the past half century, the student of infection has focused his attention on the properties and behavior of the etiological agent. The time has now come to return to a more thorough scrutiny of the response of the host, analyzed not only in terms of immunological reactions, but also of the obscure physiological processes which condition susceptibility to, and recovery from, infection. The facts so ably established and discussed by Dr. Puffer clearly emphasize the need for further analysis of the physiological nature of the host factors that determine familial susceptibility to tuberculosis.

René J. Dubos.





